MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I AMENDMENT 1"AMENDMENT AS FILED AFTER AFTER IND. DEP. ( AMENDMENT IND. DEP. 2 "AHENDMERT IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>57</u> 13 BEST AVAILABLE CUPY <u>65</u> 22 23 74 29 30 37 87 -38 39. ·98 99-TOTAL IND TOTAL IND total bet TOTAL CLAIMS TOTAL DEP TOTAL CLABGE PTO - 1340 (REV. 11/44)